TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

DIAGNOSTIC RELATED GROUPS (DRGs)

CHAPTER 6 ADDENDUM B (FY 2004)

FISCAL YEAR 2004 TRICARE/CHAMPUS ADJUSTED STANDARDIZED AMOUNTS

These amounts are effective for admissions occurring on or after October 1, 2003, through October 31, 2003.

HOSPITAL TYPE	LABOR PORTION	Non-Labor Portion	TOTAL
Large Urban	\$2,784.37	\$1,131.76	\$3,916.13
Other Areas	\$2,527.89	\$1,027.51	\$3,555.40

The cost-share per diem is effective for inpatient days of care occurring on or after October 1, 2003, through October 31, 2003.

Cost-share per diem for beneficiaries other than dependents of active duty member... \$441.00

These amounts are effective for admissions occurring on or after November 1, 2003, through September 30, 2004.

HOSPITAL TYPE	LABOR PORTION	Non-Labor Portion	TOTAL
Large Urban	\$2,784.37	\$1,131.76	\$3,916.13
Other Areas	\$2,784.37	\$1,131.76	\$3,916.13

The cost-share per diem is effective for inpatient days of care occurring on or after November 1, 2003, through September 30, 2004.

Cost-share per diem for beneficiaries other than dependents of active duty member... \$459.00